

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

318

Primary Registration District No. 1003

Registrar's No.

3033

=62-012702

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3033

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*Length of stay in 1b  
*1 day*c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *Jewish Hospital*Inside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN *Normandy*Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
*7611 San Diego Avenue*Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
*J. Scott Graham*

## 4. DATE OF DEATH

Month Day Year  
*March 18, 1962*5. SEX  
*Male*6. COLOR OR RACE  
*White*7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
*9/21/08*9. AGE (last birthday)  
*53*IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Dealer*10b. KIND OF BUSINESS OR INDUSTRY  
*Automobile*11. BIRTHPLACE (City and state or country)  
*Fredericktown Mo.*12. CITIZEN OF WHAT COUNTRY  
*U.S.A.*

13a. FATHER'S NAME

*J. Simeon Graham*

13b. MOTHER'S MAIDEN NAME

*Caroline Shumake*

14. NAME OF HUSBAND OR WIFE

*Ruby F. Graham*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) *no*(If yes, give war or dates of service)  
*none*

16. SOCIAL SECURITY NO.

17. INFORMANT

Address  
*Mrs Ruby F. Graham, 7611 San Diego Ave*18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Chronic interstitial Nephritis*

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Chronic Myocarditis, Coronary Occlusion*

DUE TO (c)

*Slight**592x*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

*11:20 A*

m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*Shepard Funeral Home, 1167 Hamilton Ave**MAR 20 1962**Earl Smith, M.D.*

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Lawrence O. Perkins

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.